

Care In Your Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 21 September 2016 and was announced.

Care In your Home Ltd is a domiciliary care agency. Care and support is provided to people in their own home to promote their independence and well-being. At the time of our inspection, the service was supporting approximately 66 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received a thorough induction and spent time working with experienced members of staff before working alone with people. The induction process and staff training covered the standards outlined within the care certificate that promoted staff development to care for and support people's individual needs. Staff were supported to gain health and social care qualifications.

People and their families were complementary of the services provided. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect. Their independence was promoted within their homes and the community.

People received care and support from familiar and regular staff and would recommend the service to other people.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement. Further improvements were being introduced to gain feedback from people who use the service and stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good ●

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good ●

The service was well-led

People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Plans to obtain people and stakeholders views were in development.

Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

Care In Your Home Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 21 September 2016. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with the registered manager, four office staff and five support workers. We received feedback from 13 people, three relatives of people who use the service, eight staff and three social care professionals.

We looked at four people's records and records that were used by the service to monitor their care. In addition, we looked at four staff recruitment files. We also looked at staff training records and other records used to measure the quality of the services.

Is the service safe?

Our findings

People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their care and support workers (staff). Care in your Home Ltd had no reported incidents of alleged abuse / or abuse since our last inspection by the Care Quality Commission in 2014. A local authority professional said, "Where there have been safeguarding concerns raised (which there haven't been for a considerable length of time) Care in your Home have responded positively and all necessary steps have been taken in order to resolve any root cause."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They informed us that they knew what to do if they suspected one of the people they supported was being abused or at risk of abuse. Staff were provided with details of the company's whistle blowing procedure. The procedure was reviewed by the provider at the time of our visit to ensure staff had access to the information they needed should they have a concern and were not listened to within the organisation.

People informed us that feeling safe extended in other areas such as the prevention and control of infection, confirming that staff always used hand gels, gloves and aprons when they provided personal care. Staff had attended health and safety training that included infection control, moving and handling and fire awareness.

Staff safety had been risk assessed and included risks related to staff lone working. These were reviewed regularly and included guidance for staff on what to do to minimise any identified risk, such as environmental risks within people's homes. There were on call numbers available for staff should there be an emergency. Staff said, "We would not do care if we could not do it safely."

Staff had received training in the safe management of medicines. This was refreshed every two years. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt, assist or administer the medicines.

The provider had effective recruitment practices, which helped to ensure people, were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from three previous employers had been requested and gaps in employment history were explained.

There were enough staff employed by the agency to safely meet people's needs within the timeframes of their individual care package. The registered manager and office staff monitored the services provided from the main office and supported the whole staff team. Care staff had flexible contracts, which meant they did not have guaranteed hours, but had regular hours. Staff absence through sickness and / or annual leave were covered by existing staff and management to ensure people received continuous effective and safe care.

Is the service effective?

Our findings

People told us that they received care and support from familiar and consistent staff and would recommend the service. People's friends and relatives also told us that they would recommend the service. They told us that staff arrived on time and completed the care and support they should do before leaving. Comments included, "I have no real issues or concerns about Care In Your Home Ltd. If I could make a wish, however, it would be that the number of different carers my (name) sees in a week were fewer."

Staff were rostered to cover calls to each person's home at agreed times of the day. The office staff used electronic systems to monitor staff arrival and departure time of each call. Care staff said they were given sufficient time to meet people's needs. Stating, "I think we have enough time to meet people's needs" and "We would call the office if we run over time." A 15-minute leeway between calls allowed time for any issues that prevented staff from arriving on time, such as traffic or an emergency. A rostered on-call system was also in operation should staff have an emergency out of hours that affected scheduled calls.

People's health care needs were monitored to make sure any changes were referred by the service to the appropriate health or social care professional where necessary. Professionals said, "I have worked with Care in Your Home for a number of years to develop ways of working in order to support people with highly complex needs. I have always found (name of the registered manager and staff) to be approachable and concerned for the welfare of the people they are working with." "They (the agency) are very good at managing complex care packages. They are also very good at managing challenging behaviours. As an agency, they have seldom given notice on a package due to an inability to manage challenging behaviour."

People who required support with their meals received assistance from staff within an appropriate timescale to promote their nutritional needs. This included time to prepare meals and ensure that food and fluids were available and accessible between calls. People's dietary requirements, where relevant were recorded and monitored.

People said staff had the skill and knowledge to give them the care and support they need. This was confirmed by professionals who said, "I have worked with a number of their care workers who are always willing to learn and adopt best practice, particularly with regards to moving and handling."

Staff told us that they had received a thorough induction that enabled them to support people confidently. They said that regular training and attendance of formal one to one meetings with their line manager had kept them up to date with current best practice. They were complementary of the support they received from the training manager, confirming that they found the training was effective by ensuring they were up to date with current best practice.

Staff induction included the organisations policies and procedures, and completion of mandatory health and safety training. The training manager told us that as part of staff's initial induction they did not work alone unsupervised until they were confident within their role to support people. Additionally staff had commenced the care certificate, which is a set of standards that health and social care workers need to

complete during their induction period and adhere to in their daily working life. Staff training linked with the standards and included for example, awareness of mental health and dementia and food hygiene/handling. On completion of the care certificate staff were encouraged to undertake qualification in Health and Social Care that promoted further learning and development.

The service had a clear understanding of the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had received training in the MCA. People's rights to make their own decisions were promoted and staff were aware of their responsibilities. They had a good understanding of how the MCA related to their work and told us they sought consent from people before they offered care.

Is the service caring?

Our findings

People told us that they were happy with the care and support they received from Care In Your Home Ltd and that the agency helped them to be as independent as they could be. They said they were always introduced to their care and support worker before they were provided with care and support. Additionally they told us that staff always treated them with dignity and respect and were caring and kind.

People were able to express their views through continual review and assessment and told us they felt listened to. Comments included, "I'm so amazed with this company, they care for my needs all the time and nothing is too much trouble."

It was evident from talking with staff that they knew people well. They were able to describe people's preferences in a respectful, kind and considerate manner. For example, whether the person chose the same gender care and preferred name the person wanted to be known by. A senior care worker said, "I have a strong belief that our carers' are very good with people and really care".

The registered manager stated that prior to providing a service people's needs were assessed "not only for health and safety but to find out the way in which the client wishes their care to be carried out." This was evident from people's records and from the information they gave us.

People's diversity was recognised and their needs in this area were identified and respected. Assessments and care plans included lifestyle choices. They also detailed any support or help people might need to meet their diverse needs, if relevant to the care package and the individual. Staff had received training within equality, diversity, human rights, dignity and respect and person centred care.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Is the service responsive?

Our findings

People told us that they were involved in decision-making about their care and support needs. Their needs were assessed prior to receiving a service. This had included an assessment by the referring commissioning authority if relevant and by Care In your Home Ltd before agreeing to a plan of care.

Care and support plans were personalised. The examples seen were thorough and reflected the support individuals needed and had respected choices they had made, whilst considering associated risks. For example, support to access the community.

A professional stated, "At times the agency has gone above and beyond what would be expected to support people in the community. Their contact with me has always been prompt when issues develop. This is vital when working with people living with a progressive neurological condition as it enables individuals to maintain their safety and dignity as well as having changing needs addressed as they arise."

Staff also spoke of supporting people to access the community. They told us that this was as important as providing support to meet people's basic care needs. Adding this had ensured people who wanted to access the community, but could only do so with support were enabled to do so. Comments included, "Some clients have shopping calls, but we also do shopping for them; whilst some have activity calls to places such as the park."

People's care plans were reviewed six monthly with the person at their home or as changing needs required. Additionally an informal review took place over the telephone which identified whether the person had any concerns and if a full review was required at this stage. This enabled office staff to monitor people's care more closely. The registered manager said, "We encourage managers (office staff) to get to know all of the clients so that they have a working knowledge of the care required. We also encourage staff to discuss any concerns with any manager who is in the office or on call." Care staff and office staff told us that they worked well as a team to make sure information was passed proficiently. This was to respond quickly to people's changing needs and to any concerns that they may have had.

People told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. They told us that their care and support workers and staff within the main office of the agency responded well to any concerns they had. However, three of the thirteen people whom we had received feedback from told us that they were unsure how to raise a complaint with the agency. The registered manager stated that the review and assessment process had not made them aware that some people were unsure how to raise a complaint. Adding people were advised how to make a complaint at the time of their initial assessment and during reviews of their assessed needs. This was an area that the registered manager stated the agency would review to improve the process of receiving information from people.

Where appropriate the agency had used a communication book where carers and /or family members could write notes that related to the care and support of the person. This was anything from how the person was

feeling each day to shopping required, or of any concerns. A copy of the agency's complaint procedure was held within the main office and was also located within each person's home folder provided by the agency. A professional stated, "The quality of care is very good, and we very rarely have any issues or complaints raised to us."

Staff told us that the office managers were accessible and approachable and were confident that the registered manager would deal effectively with any concerns raised. The service had received three formal complaints in the 12 months prior to our visit. The complaints were satisfactorily resolved within the timeframe of the agency's complaint procedure.

Is the service well-led?

Our findings

People told us that the agency listens to what they have to say and acts on this to promote person centred care and improve services. For example, they told us that they knew who to contact in the agency if they needed to, and that the information they received from the agency was clear and easy to understand. They informed us that the agency respected the decisions they had made in reference of their care and support plan through continual review and assessment.

People were able to feedback their views on the service in a number of ways, such as the client review process and through compliments and complaints. However, of the 13 people who provided us with feedback, two stated they were not asked by the agency, what they think about the service provided. There were no processes for them to provide unanimous feedback anonymously. For example, through an annual questionnaire for the service to evaluate and identify any trends that may require improvement.

Professionals said, "The manager/proprietor runs a very good service but I feel that at times she is under a great deal of pressure, trying to cover calls and manage at the same time. Having said that, this is a good, effective and caring service. (Name of the local authority) seldom receives any complaints and I don't recall receiving any requests for transfers to alternative agencies." Another professional stated, "We have contracted with Care in Your Home for several years and found them to be a very reliable agency."

Staff told us that they would feel confident about reporting any concerns or poor practice to the registered manager. They told us the registered manager was approachable and that they were asked their view of the services through supervision and informal visits to the office. They told us that they felt supported and listened to. Comments included, "I always feel if I have an issue I can just walk in (to the office) and that, I feel is quite comforting". "We get regular emails from the office managers that keeps us in the loop".

Staff also commented on the method of training provided by the training manager who they said was, "very supportive" and "very good". In reference to their induction they said, "If I was not ready they would have given me more time". Staff told us that the registered manager and office staff supported their personal development. Overall approximately 30 staff were employed by the agency. Thirteen staff had a qualification in health and social care and 11 were being supported through the qualification. This had contributed to the positive ethos of the agency and delivery of person centred care.

Quality assurance processes were used to monitor the quality of the service. These included audits of care plan reviews and staff training. Additionally spot checks were undertaken of staff arriving and providing support to people. The registered manager told us that they knew improvements were needed for the agency to progress, which included ways to formally receive feedback from people who use the service and stakeholders.